

3621
PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the application of

CHATANI

Application No. 09/632,861

Filed: August 4, 2000

For: NETWORK BASED METHOD AND SYSTEM FOR
TRANSMITTING DIGITAL DATA TO A CLIENT
COMPUTER AND CHARGING ONLY FOR DATA THAT
IS USED BY THE CLIENT COMPUTER USER

) Docket No. SONYP002
)
)
) Group Art Unit: 3621
)
)
) Examiner: Abdi, Kambiz
)
)
) Date: January 16, 2004

RECEIVED

JAN 22 2004

GROUP 3600

☐ Duplicate for
fee processing

Mail Stop: Non-Fee Amendment
Commissioner for Patents
Alexandria, VA 22313-1450

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited
with the United States Postal Service as First Class Mail in
an envelope addressed to: Commissioner for Patents,
Alexandria, VA 22313-1450 on January 16, 2004.

Signed: _____

Kay Harlow

Sir:

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated as shown below.

Claims

| | Remaining After Amendment | Highest Previously Paid For | Present Extra | SMALL ENTITY RATE FEE | OR | LARGE ENTITY RATE FEE |
|-----------------|---------------------------------|-----------------------------------|------------------|--------------------------|----|--------------------------|
| TOTAL CLAIMS | <u>20</u> - | <u>20</u> | <u>00</u> | X09 = \$ | OR | X18 = \$ |
| INDEP CLAIMS | <u>04</u> - | <u>04</u> | <u>00</u> | X43 = \$ | OR | X86 = \$ |

[] Multiple Dependent Claim Present
and Fee Not Previously Paid

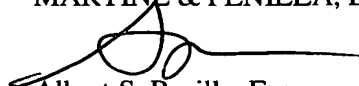
\$145

\$290

TOTAL \$_____ \$_____

- ☐ Applicant(s) hereby petition for a _____ month(s) extension of time to respond to the outstanding Office Action.
- ☒ Applicant(s) believe that no (additional) Extension of Time is required; however, if it is determined that such an extension is required, Applicant(s) hereby petition that such an extension be granted and authorize the Commissioner to charge the required fees for an Extension of Time under 37 CFR 1.136 to Deposit Account No. 50-0805.
- ☐ Enclosed is our Check No. ____ in the amount of \$____, to cover the additional claim fee and/or extension of time fees.
- ☒ If the required fees are missing or any additional fees are required to facilitate filing the enclosed response, please charge such fees or credit any overpayment to Deposit Account No. 50-0805 (Order No. SONYP002). A copy of this sheet is enclosed.

Respectfully submitted,
MARTINE & PENILLA, LLP


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